

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: GAVIN CLARKSON	ATTY DKT NO. 122012.0002.000
SERIAL NO. 10/055,289	GROUP ART UNIT: 3624
FILED: January 23, 2002	EXAMINER: STEVEN R. WASYLCHAK
TITLE: METHOD FOR DERIVING OPTIMAL INCOME STREAM IN INTELLECTUAL ASSET TRANSACTIONS	
TO: BOX: STATUS INQUIRY/NO FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

STATUS INQUIRY

Dear Sir:

Applicant respectfully requests the status of the above-identified application. Applicant filed the above-referenced application on January 23, 2002; however no Office Action has been received as of the date of this inquiry. A Notice of Publication of Application was issued on July 24, 2003.

A Change of Correspondence Address is also submitted herewith.

Respectfully submitted,

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CERTIFICATE OF MAILING

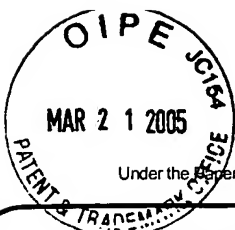
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3624
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PTO/SB/21 (08-03)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/055,289	
	Filing Date	January 23, 2002	
	First Named Inventor	Gavin Clarkson	
	Art Unit	3624	
	Examiner Name	Steven R. Wasylchak	
Total Number of Pages in This Submission	4	Attorney Docket Number	122012.0002.000

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address and Postcard		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark A. Tidwell, Reg. No. 37,456 JACKSON WALKER L.L.P., 112 E. Pecan Street, Suite 2100, San Antonio, Texas 78205
Signature	
Date	March 16, 2005

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Signature		Date	March 16, 2005

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